



# Community Meeting Request Form

*Please fax this request to:*

Prescription Advantage  
Fax: (617) 727-9368

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event Name \_\_\_\_\_

Event Location and Address \_\_\_\_\_

\_\_\_\_\_

Requests will be filled on a first come, first served basis.

If this event already has a scheduled date and time and you would like a Prescription Advantage representative to speak and/or exhibit, please indicate here and only fill out Choice 1 \_\_\_\_\_

If this event has an open date/time for scheduling a Prescription Advantage representative please indicate your top three choices for a meeting time below.

Choice 1: Date \_\_\_\_\_ Time \_\_\_\_\_

Choice 2: Date \_\_\_\_\_ Time \_\_\_\_\_

Choice 3:    Date\_\_\_\_\_                      Time\_\_\_\_\_

Type of Event \_\_\_\_\_

How many people do you expect to attend? \_\_\_\_\_

Who is the audience?

\_\_\_\_ Professionals

\_\_\_\_ Consumers

Directions to Venue (fill out below or attach. Please print neatly)

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For more information on scheduling an outreach event call:  
Kathy Campbell, Outreach Coordinator, (617) 222-7529